

UNITED STATES ESECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL OMB Number: 3235-0076 May 31, 2005 Estimated average burden hours per form..... 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix	Serial						
l	[
DATE R	ECEIVED						

Name of Offering (check if this is an amendme	ent and name has changed, and indicate change.)	
Offering of subordinated notes, comm	on and preferred stock and warrai	its to purchase common stock
Filing Under (Check box(es) that apply): Rule	504 ☐ Rule 505 ☒ Rule 506 ☐ Section	on 4(6) ULOE
Type of Filing: ☐ New Filing ☐ Amendm	nent	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment	and name has changed, and indicate change.)	
Excell Materials, Inc.		03038501
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Suite 1704, 300 Delaware Avenue	Wilmington, DE 19801	(412) 999-6699
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area (COL)
(if different from Executive Offices)		b&OCE30E
Brief Description of Business		NOV 14 2003
Descripting metallies in sleep and nucei	ding comics to the steel industry.	MON TI
Recovering metallics in slag and provi	ding service to the steel industry	THOMSON
Type of Business Organization		FINANCIAL
·	ited partnership, already formed	other (please specify):
business trust lim	ited partnership, to be formed	
	Month Year	_
Actual or Estimated Date of Incorporation or Organiz	ation: $\begin{bmatrix} 0 & 5 & 0 & 3 \end{bmatrix} \boxtimes A$	Actual
Jurisdiction of Incorporation or Organization: (Enter	two-letter U.S. Postal Sevice abbreviation for Sta	te:
CN fo	r Canada; FN for other foreign jurisdiction)	DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		III DASTE EDELLIS	10111	JOIN DIETIE				
2. Enter the information requested	for the following:							
 Each promotor of the issuer 	, if the issuer has be	en organized within th	ne past	five years;				
 Each beneficial owner havir issuer; 	ng the power to vote	or dispose, or direct t	he vote	e or disposition of, 10%	% or m	ore of a clas	s of eq	uity securities of the
Each executive officer and officer an	director of corporate	issuers and of corpora	ate gen	eral and managing par	tners (of partnershi	p issue	ers: and
Each general and managing	•	•	Ų.	3 31				,,
	Promoter 🖂	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if indiv	idual)							
Brown, William S., III								
Business or Residence Address	(Number and Stre	et, Citv, State, Zip Co	de)					
Suite 1704, 300 Delaware	Avenue, Wiln	nington, DE 19	801					
Check Box(es) that Apply:		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)							
Redlinger, Richard E.								
Business or Residence Address	(Number and S	Street, City, State, Zi	p.Cod	e)				
Suite 1704, 300 Delaware	Avenue, Wilr	nington, DE 19	801.5					
	Promoter 🖂	Beneficial Owner		Executive Officer		Director	Д	General and/or Managing Partner
Full Name (Last name first, if indiv	idual)						-,	
Sullivan, Ronald J.								
Business or Residence Address	(Number and Stre	et, Citv, State, Zip Co	de)					
Suite 1704, 300 Delaware	Avenue, Wilr	nington, DE 19	801					
Check Box(es) that Apply:		Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)							
Edwards, Jeffrey C.		A PARTICULAR DE LA CONTRACTOR DE LA CONT						
	(Number and St	eet. City. State. Zin	Code)					
Suite 1704, 300 Delaware	Avenue Wilr	nington DF 10	201	7 - 1				
		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if indiv	ridual)							
William Blair Mezzanine	Canital Fund	птр						
Business or Residence Address		et, City, State, Zip Co	de)					
222 West Adams Street,								
	Promoter	Beneficial Owner	П	Executive Officer	\Box	Director	TT.	General and/or
onesi zon(co) mar rippiji					·	2110001		Managing Partner
Full Name (Last name first, if ind	lividual)							
				en de la companya de La companya de la co				
Business or Residence Address	(Number and St	eet. Citv. State. Zin	Code).					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if indiv	ridual)							
Business or Residence Address	(Number and Stre	et, Citv. State, Zip Co	de)			1.41		
(Us	e blank sheet, or c	opy and use additio	nal co	pies of this sheet, as	neces	ssary)		
(00		Page 2 o				· · J J		SEC 1972 (6/02)

A. BASIC IDENTIFICATION DATA

2. Enter the information request		ŭ	41	· C				
Each promotor of the issuEach beneficial owner ha	-	· ·	•	•	9/. or n	ore of a clas	s of o	mity convities of the
issuer;	ving the power to	o vote of dispose, of direc	i ille voi	e of disposition of, 10	76 OI II	iore or a cras	55 UI CC	quity securities of the
Each executive officer and	d director of corp	porate issuers and of corpo	orate gei	neral and managing pa	ırtners	of partnersh	ip issue	ers; and
Each general and managing	ng partner of part	tnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)	· · · · · · · · · · · · · · · · · · ·						***************************************
Business or Residence Address	(Number and	d Street, Citv, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	· []	Executive Officer		Director		General and/or
								Managing Partner
Full Name (Last name first, if in	odividual)							
Business or Residence Address	(Number	and Street. City. State.	Zip_Coc	le)				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)							
Business or Residence Address	(Number and	d Street, City, State, Zip C	Code)				· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	П	Director		General and/or Managing Partner
Full Name (Last name first. if i	ndividual)							
Business or Residence Address	(Number ar	nd Street. City. State. Zir	Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)							· · · · · · · · · · · · · · · · · · ·
Business or Residence Address	(Number and	d Street, City, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	П	Executive Officer		Director		General and/or
once box(es) that reprise				DAGGETT OFFICE		, Director	<u>.</u>	Managing Partner
Full Name (Last name first. if i	ndividual)							en a company de la company
Business or Residence Address	(Number ar	nd Street, City, State, Zir	Code)		····			
	وأراها							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)							
Business or Residence Address	(Number and	d Street, City, State, Zip C	ode)					
		·····						
J)	Jse blank sheet	, or copy and use additi	onal co	pies of this sheet, as	neces	ssary)		

A. BASIC IDENTIFICATION DATA

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filling under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (I act Name firer if individual) N/A Business or Residence Address (Number and Street, Citv. State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [H] [ID] [IL] [IN]	Yes	
Answer also in Appendix, Column 2, if filing under ULOE 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer or dealer or dealer. Full Name (1 ast Name firet if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [H] [ID] [IL] [IN] [IN] [IN] [IN] [NI		No
2. What is the minimum investment that will be accepted from any individual?		\boxtimes
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last Name first if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [H] [ID] [MT] [NE] [NN] [NN] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [MT] [NE] [NN] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [RI] [SC] [SD] [IN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [Full Name (Last Name first if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [H] [LL] [N] [1A] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NN] [N		
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last Name first if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [H] [ID] [MT] [NE] [NN] [NN] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [MT] [NE] [NN] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [RI] [SC] [SD] [IN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [Full Name (Last Name first if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [H] [LL] [N] [1A] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NN] [N	\$0	
similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (I aer Name first: if individual) N/A Business or Residence Address (Number and Street, Citv. State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	\boxtimes	
an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (S) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A		
broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (I ast Name first if individual) N/A Business or Residence Address (Number and Street, Citv. State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
information for that broker or dealer only. Full Name (Last Name first if individual) N/A Business or Residence Address (Number and Street, Citv. State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
N/A		
Business or Residence Address (Number and Street, Citv. State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
(Check "All States" or check individual States)		
(Check "All States" or check individual States)		
[AL] [AK][AZ][AR] [CA][CO] [CT][DE][DC][FL][GA HI] [ID] [IL] [IN][IA][KS][KY][LA][ME][MD] [MA] [MI] [MI] [MN] [MS] [MO] [MT] [NE][NV][NH] [NJ] [NM][NY][NC][ND] [OH] [RI][SC] [SD][TN][TX][UT][VT][VA][WA] [WV] [WI] [RI][SC] [SD][TN][TX][UT][VT][VA][WA] [WV] [WI] [Business or Residence Address (Number and Street. Citv. State. Zip Code) Name of Associated Broker or Dealer		
HI	□ All	l States
[IL] [IN][IA][KS][KY][LA][ME][MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE][NV][NH] [NJ] [NM][NY][NC][ND] [OH] OK][OR][PA] [RI] [SC] [SD][TN][TX][UT][VT][VA][WA] [WV] [WI WY] [PR] Fill Name (Last Name first if individual) Business or Residence Address (Number and Street. Citv. State. Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)]	[
MN	-	_
[MT] [NE][NV][NH] [NJ] [NM][NY][NC][ND] [OH] OK][OR][PA] [RI] [SC] [SD][TN][TX][UT][VT][VA][WA] [WV] [WI WY] [PR] Full Name (Lact Name first if individual) Business or Residence Address (Number and Street. Citv. State. Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
OK		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI WY] [PR] Full Name (Last Name first if individual) Business or Residence Address (Number and Street. Citv. State. Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[
WY		
Business or Residence Address (Number and Street, Citv. State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)] [[
Business or Residence Address (Number and Street, Citv. State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
(Check "All States" or check individual States)		
(Check "All States" or check individual States)		
(Check "All States" or check individual States)		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [Full Name (Last Name first if individual)		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [Full Name (Last Name first if individual)		States
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [Full Name (Last Name first-if individual)	ID]	-
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [Full Name (Last Name first-if individual)	MO .	_
Full Name (Last Name first-if individual)	PA .	-
	PR]
Business or Residence Address (Number and Street, City, State, Zip Code)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Dublicas of Residence Address fruither and affect Oity, State, Aid Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	_	
·		l States
	ID]	-
	MO]	-
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E O	F PROCEE	DS		7
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggrega Offering P			Amount Already Sold
	Debt — Subordinated note (including warrant to purchase common stock)	\$_	19,000,0	00	\$_	19,000,000
	Equity — Class A Common Stock, Voting Common Stock and Series A Convertible Preferred Stock	\$	6,500,0	000	\$	6,500,000
	□ Common □ Preferred				-	
	Convertible Securities (including warrants)	\$_	0		\$_	0
	Partnership Interests	\$_	0		\$	0
	Other (specify)		0			0
	Total	\$	25,500,0	00	\$	25,500,000
	Answer also in Appendix, Column 3, if filing under ULOE.	_			-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investor			Aggregate Dollar Amount of Purchases
	Accredited Investors	_	9		\$_	25,500,000
	Non-accredited Investors	_	0		\$	0
	Total (for filings under Rule 504 only)	_			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.	_			-	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505				\$	
	Regulation A	_			\$	
	Rule 504	_			\$	-
	Total	-	<u> </u>		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				~ _	
	Transfer Agent's Fees				\$_	
	Printing and Engraving Costs				\$	
	Legal Fees			\boxtimes	\$	75,000
	Accounting Fees				\$	******
	Engineering Fees				\$	
	Sales Commissions (specify finders' fees separately)				\$	
	Other Expenses (identify)				\$	
	Total			\boxtimes	\$	75,000

	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXP	ENSES AND USI	E OF PROCEEDS	3	
	b. Enter the difference between the aggregate offeri Question 1 and total expenses furnished in response to P "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This of	difference is the		\$	25,425,000
5.	Indicate below the amount of the adjusted gross proceed for each of the purposes shown. If the amount for any purcheck the box to the left of the estimate. The total of the gross proceeds to the issuer set forth in response to Part C	irpose is not known, furnish the payments listed must eq	an estimate and			
	,			Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees				□ \$_	
	Purchase of real estate					
	Purchase, rental or leasing and installation of machine					
	Construction or leasing of plant buildings and facilities				□ s_	
	Acquisition of other businesses (including the value of that may be used in exchange for the assets or securities.)	of securities involved in this ties of another issuer pursuan	offering at to a			
	merger)		_			25,425,000
	Repayment of indebtedness		_			
	Working capital		_		□ \$_	7-17
	Other (specify):				□ \$	
					□ \$_	
	Column Totals		_		_	25,425,000
	Total Payments Listed (column totals added)				5,425,000	
		D. FEDERAL SIGNATUI	RE		• .	
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnish formation furnished by the issuer to any non-accredited inv	h to the U.S. Securities and	l Exchange Comm	ission, upon writte		
E	uer (Print or Type) Excell Materials, Inc.	Signature	ger Si	Date	112/0	3
	me of Signer (Print or Type)	Title of Signer (Print or Ty				
R	Richard E. Redlinger	Vice President and	d Chief Finar	icial Officer	<u>.</u>	
	Intentional misetatements or omissions of	ATTENTION		l-4: /C 4	01100	. 4004)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned authorized person.
Issue	er (Print or Type) Signature Date
Ex	cell Materials, Inc.
Nam	e (Print or Type) Title (Print or Type)
Ri	chard E. Redlinger Vice President and Chief Financial Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3 Type of security	4			Disqua under St	5 lification ate ULOE			
	to non-a	to sell ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					(if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR			:								
CA											
со											
СТ											
DE											
DC											
FL											
GA											
ні											
ID											
IL											
IN											
IA		;									
KS									·		
КУ											
LA											
ME											
MD											
MA											
MI											
MN											
MS											
МО											

				· · · · · · · · · · · · · · · · · · ·	APPENDIX					
1		2	3			4			5	
	Intend to non-a investors	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited					
MT										
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
ок										
OR										
PA		ì						! 		
RI										
SC										
SD										
TN			***							
TX										
UT										
VT										
VA										
WA										
wv										
WI										
WY										
PR										
					-					